

Each year in late July and early August, Yaamahana conducts early enrollment for three weeks. This is the time to re-enroll children already attending Yaamahana and enroll new children for the upcoming school year. When space is available, children can be enrolled at any time throughout the year.

Early enrollment begins July 29, 2013 and ends August 16, 2013. **August 26, 2013** marks the beginning of Yaamahana's 2013-2014 school year. Please read and complete all information contained in the packet. If you have any questions, please contact the center at 923-0100. The following items are needed for enrollment/re-enrollment:

- ❖ \_\_\_ \$30 registration fee
- ❖ \_\_\_ General Information Master Form
- ❖ \_\_\_ Copy of child's birth certificate (First-Time Students Only)
- ❖ \_\_\_ Copy of Social Security card (First-Time Students Only)
- ❖ \_\_\_ Proof of Legal Guardianship, if applicable
- ❖ \_\_\_ Immunization Record
- ❖ \_\_\_ Free/Reduced Price Meal Application Form
- ❖ \_\_\_ Emergency Medical Care Form
- ❖ \_\_\_ Emergency Contact Information and Pick-Up Form
- ❖ \_\_\_ Release Form
- ❖ \_\_\_ Payment Schedule Agreement Form
- ❖ \_\_\_ Photographing, Videotaping, Audiotaping, & Observation Release Form
- ❖ \_\_\_ Non-Vehicular Excursion Authorization Form
- ❖ \_\_\_ Non-Prescription Medication and/or Special Medical Procedures Authorization Form
- ❖ \_\_\_ Application of Topical Products Authorization Form
- ❖ \_\_\_ Water Activities Release Form
- ❖ \_\_\_ Additional Information for Infants/Toddlers \*
- ❖ \_\_\_ Additional Information for Two, Three, and Four-year-olds \*
- ❖ \_\_\_ Parental Agreement Form
- ❖ \_\_\_ All supplies listed for your child's room

\*Please complete only one **Additional Information Form**.

Admission Date \_\_\_\_\_  
 Withdrawal Date \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center General Information Master Form

1. Child's Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

	Mother	Father
Name		
Address- P.O. Box		
Address-Street		
Employer		
Home Phone #		
Work Phone #		
Cell Phone #		
Email Address		

2. Person with whom the child lives \_\_\_\_\_

3. Days child will attend center (Pre-k students are encouraged to attend 5 days a week):

\_\_\_\_\_ 2 Days (circle the 2 days the child will attend each week - M T W T F )

\_\_\_\_\_ 3 Days (circle the 3 days the child will attend each week – M T W T F )

\_\_\_\_\_ 5 Days

\_\_\_\_\_ Half Day (Morning only 7:00-12:00)

\_\_\_\_\_ Full Day

\_\_\_\_\_ After School Care (Afternoon only 2:30-5:30)

4. To request an application for the Louisiana Department of Social Services' Child Care Assistance Program, call or visit the local Office of Family Support.

5. Select the best way for your child's provider to communicate information to you about your child:

\_\_\_ Written notices

\_\_\_ Email

\_\_\_ Telephone

**Yaamahana will not bear responsibility for anything that may happen as a result of false or misleading information given at the time of enrollment. Parents are responsible for updating all enrollment information.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center Student Emergency Medical Care Form

\_\_\_\_\_  
Child's Name

List any serious allergies (such as insect bites, food allergies, etc.)\_\_\_\_\_

What happens when your child has an allergic reaction? \_\_\_\_\_

List any disabilities or special needs\_\_\_\_\_

Chronic illnesses your child has had\_\_\_\_\_

Any serious accidents?\_\_\_\_\_

Any medically necessary dietary requirements?\_\_\_\_\_

Mother's Phone Numbers: \_\_\_\_\_

Father's Phone Numbers: \_\_\_\_\_

In the event I cannot be reached, please call (these individuals are also authorized to pick up my child):

Name	Relation to the Child	Address	Phone/Cell/Pager
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the center.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency, Yaamahana will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with parent consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the child care center director or person in charge to take my child to:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Hospital or Clinic Preference: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

In a life-threatening situation, I authorize Yaamahana, into whose care my child has been entrusted, to consent to any necessary medical procedure for my child. In a medical emergency, I also authorize the Yaamahana to choose a physician and to transport my child by ambulance or other vehicle when necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yaamahana/Chitimacha Child Development Center  
Emergency Contact Information & Pick-Up Authorization Form**

\_\_\_\_\_  
Child(ren)'s Name(s)

**Mother's Phone Numbers:** \_\_\_\_\_  
(Home) (Work) (Cell)

**Father's Phone Numbers:** \_\_\_\_\_  
(Home) (Work) (Cell)

**Please list family or trusted friends that can be contacted to locate the parents.  
Please include the names of at least two individuals who do not live in the area.**

	Name	Relationship to the Child(ren)	Address	Phone/Cell/Pager
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Please list family or trusted friends that are authorized to pick up your child(ren), in the event neither parent can be reached in an emergency situation or following a disaster.**

	Name	Relationship to the Child(ren)	Address	Phone/Cell/Pager
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I understand my child(ren) will not be released in an emergency to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing, signed by the parent or guardian, and given to the center's director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center Release Form

\_\_\_\_\_  
Child's Name

Designated adults authorized to pick up my child. Please include non-custodial parent and other adults. Please notify these individuals that they may be asked to show proof of identity:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand my child will not be released to any person other than custodial parents and the designated adults on this form. Any changes made to the above list must be put in writing, signed by the parent or guardian, and given to the center's director. **My child's non-custodial parent (if applies, circle one) may / may not add or delete names to this Release Form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center Payment Schedule Agreement Form

\_\_\_\_\_  
Child's Name

**I understand that tuition is due upon beginning services (ex. If a child starts on August 26, tuition is due that day, and then your payment schedule will be adhered to).**

**I understand that cash will be accepted at the center. Please make all tuition payments including cash payments at Yaamahana. Please write checks, cashier's checks, or money orders to Chitimacha Tribe of Louisiana. When making a payment in cash, exact change is requested. A \$25.00 fee will be assessed to all NSF checks.**

**I understand that once tuition payments are 5 business days (1 week) past due, a \$5.00 late fee per family will be assessed. The late fee will continue to be assessed weekly to all accounts with a past due balance.**

**Once tuition payments are 5 business days (1 week) past due, the director will send a letter to the parents stating that a payment must be made by the 7<sup>th</sup> day or the child will no longer be able to attend Yaamahana. Parents should keep in mind that both tuition and late fees will continue to be charged to their account until payment is received. If the parents choose to withdraw the child from the center and then re-enroll the child later, all tuition, late fees and a new registration fee is required.**

I select the following tuition payment schedule. Tuition payments will not be refunded.  
Please check one:

\_\_\_\_\_ 1 Week                      \_\_\_\_\_ 2 Weeks                      \_\_\_\_\_ 4 Weeks

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center Photographing, Videotaping, Audiotaping, and Observation Release Form

I understand that Yaamahana has video cameras and video equipment that records the daily activities throughout the facility. These video recordings are conducted for the protection of the children and staff.

I understand that at various times throughout the year, the staff of Yaamahana will be taking digital images, photographs, videotapes, and/or audiotapes of the children for educational purposes (e.g. presentations to train Yaamahana staff) and decoration purposes (e.g. posting pictures on bulletin boards, in cubbies, etc.).

I understand that parents are also allowed to come into the center and observe, photograph, videotape, and/or audiotape children.

I, the undersigned, do hereby grant or deny permission to Yaamahana to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child along with his/her first and last name for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Chitimacha Tribal Web site and the Franklin Banner Tribune. No child will be observed, video-taped, recorded, or photographed without the supervision of a child care provider and the authorization of Yaamahana's director or assistant director.

\_\_\_ Deny permission to use my child's image at all

\_\_\_ Grant permission to use my child's image in the following ways:

\_\_\_ **Limited usage:** I want my child's image and first and last name used on printed materials only (no digital or video use).

\_\_\_ **Unrestricted usage:** I give unrestricted permission for my child's image and first and last name to be used in print, video, and digital media. I agree that these images may be used by Chitimacha Tribe of Louisiana for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yaamahana/Chitimacha Child Development Center  
Non-Vehicular Excursion Authorization**

My child, \_\_\_\_\_, has my permission to participate in Nature walks, walks to the Chitimacha Sports Complex, stroller rides, and wagon rides on the reservation. The children will be accompanied by at least two Yaamahana staff whenever participating in a non-vehicular excursion. At least one Yaamahana employee accompanying the children must be currently trained in CPR/First Aid. This authorization is valid for one year.

The non-vehicular excursions will take one of the following routes:

- From Yaamahana's parking lot, turn right on Seminole, left on Tunica, left on Jena, right on Seminole, and back to Yaamahana.
- From Yaamahana's parking lot, turn right on Seminole, right on to Jena, and left to Sports Complex parking lot. At Sports Complex the excursion may include the walking trail or just circling the parking lot. When leaving the Sports Complex, turn right on Jena, left on Seminole, and back to Yaamahana.
- From Yaamahana's parking lot, turn left on Seminole, right on Chitimacha Loop, right on Tunica, right on Jena, right on Seminole, and back to Yaamahana.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Yaamahana/Chitimacha Child Development Center  
Non-Prescription Medication and/or Special Medical Procedures  
Authorization Form**

**Yaamahana staff will only administer medications, including over-the-counter medications, that have been prescribed or recommended by a licensed health care provider (Physician – Dentist – Nurse Practitioner). Please have your licensed health care provider sign this form for any over-the-counter medications including topical ointments such as diaper cream, sunscreen, or insect repellant that you may wish Yaamahana staff to administer to your child. A copy of the medication's side effects must accompany the medication. This form must be updated as changes occur or at least every three months. You may obtain additional copies of this form from the director.**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Medical condition(s) of concern: \_\_\_\_\_

Signs and/or symptom(s) to watch for: \_\_\_\_\_

Name of medication/special medical procedure: \_\_\_\_\_

How given: \_\_\_\_\_

Known side effects: \_\_\_\_\_

Special instructions: \_\_\_\_\_

When to call parent regarding symptoms or failure to respond to treatment: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Physician/Health Care Provider's Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Physician/Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Yaamahana/Chitimacha Child Development Center Application of Topical Products Authorization Form

**Like all medications, topical products must be prescribed or recommended by a licensed health care provider (Physician – Nurse Practitioner). When trying a new topical product, the first application should be applied at home and the parent should observe the child for any adverse reactions.**

**I give permission for the Yaamahana staff to apply the following topical products to my child with a one-time authorization. By completing this form, I understand that I will not be required to complete the Medication Authorization Form each time the topical ointment is needed.**

**Child's Name:** \_\_\_\_\_

**Yes**

**No**

( )

( )

Sunscreen

( )

( )

Insect Repellent (lotion or alcohol-based repellants are recommended)

( )

( )

Diaper Rash Ointment

**This one time authorization will remain in effect until a new authorization is signed.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yaamahana/Chitimacha Child Development Center**  
**Water Activities Release Form**

I understand that water activities may consist of children playing in sprinklers, washing dishes, washing tricycles and other toys, bathing baby dolls, pouring and measuring water, using a water table, squirt bottles-and water spraying devices. Children under three years of age, shall not engage in water activities in wading or swimming pools due to the risk of fecal-oral contamination and disease.

I understand that children three years of age and above, completely toilet trained, can also participate in water activities in wading or swimming pools. I understand that water activities for children three years of age and above may also include trips to the Chitimacha pool at the Recreation Department on the reservation where an appropriate number of trained life guards and Yaamahana staff will be on duty.

My child, \_\_\_\_\_, has permission to participate in any of the above supervised age appropriate water activities while attending Yaamahana. I understand the center will take precautions in providing for the safety of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Information for Infants and Toddlers

(Please complete only one Additional Information Form per child)

Any history of colic? \_\_\_\_\_

Is child's skin highly sensitive? \_\_\_\_\_

Frequent diaper rash? \_\_\_\_\_

Describe child's typical schedule: \_\_\_\_\_

\_\_\_\_\_

Does child use a pacifier or suck thumb? \_\_\_\_\_

Does child pull self to standing position? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

Does child have a "fussy" time? \_\_\_\_\_ When? \_\_\_\_\_

How is "fussy" time handled? \_\_\_\_\_

\_\_\_\_\_

Any special feeding problems? \_\_\_\_\_

Does your child eat unassisted? \_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_

How has child been fed? Held in lap? \_\_\_\_\_ Highchair? \_\_\_\_\_ Other? \_\_\_\_\_

Please describe your child's eating habits? \_\_\_\_\_

Please list current feeding schedule (include feeding times, amount of food): \_\_\_\_\_

\_\_\_\_\_

Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

What time? \_\_\_\_\_ How frequently do accidents occur? \_\_\_\_\_

Is diarrhea \_\_\_\_\_ or constipation \_\_\_\_\_ a problem?

Has toilet training been attempted? \_\_\_\_\_ What is used at home?

Potty chair? \_\_\_\_\_ Special toilet seat? \_\_\_\_\_ Regular toilet seat? \_\_\_\_\_

## Additional Information for Two, Three, and Four-Year-Olds

(Please complete only one Additional Information Form per child)

Describe your child's personality: \_\_\_\_\_

List the names, ages, and relationships of other members of the household (brothers, sisters, grandparents, aunts, etc.): \_\_\_\_\_

\_\_\_\_\_

Pets and their names: \_\_\_\_\_

Special friends and relationships outside the household \_\_\_\_\_

\_\_\_\_\_

What upsets your child? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

How does he/she show feelings? \_\_\_\_\_

What methods do you use when he/she behaves in a way that you do not approve of?

\_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ From when \_\_\_\_\_ To when \_\_\_\_\_

What does he/she take to bed with him/her? \_\_\_\_\_

Special routines for nap time? \_\_\_\_\_

What is his/her mood on awakening? \_\_\_\_\_

What would you like us to know about your child that will help us serve you and your family better? \_\_\_\_\_

\_\_\_\_\_

In what particular ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Yaamahana  
Chitimacha Child Development Center  
Parental Agreement**

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**Child's Name**

Dear Parents,

Please read and sign this agreement:

I have been given a copy of the Chitimacha Child Development Center Family Handbook which contains program and policy information. I hereby agree to comply with the rules and regulations regarding fees, attendance, health, clothing, and other items specified in the Family Handbook.

I agree to keep all enrollment information updated (e.g. household income, telephone numbers, address, designated adults allowed to pick up child, immunization records, etc.).

I further agree to notify the center of any change in my financial situation or changes which would affect my ability to meet my financial obligation within 7 days.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YAAMAHANA/CHITIMACHA CHILD DEVELOPMENT CENTER SUPPLY LIST

Your child will need the following items:

<b><u>Qakun Room (Infants)</u></b> <input type="checkbox"/> Formula as needed <input type="checkbox"/> Enough clean, prepared bottles to last the day <input type="checkbox"/> Baby food as needed <input type="checkbox"/> Extra pacifier to leave at center <input type="checkbox"/> 2 complete changes of clothes <input type="checkbox"/> Shoes and socks each day <input type="checkbox"/> 1 box of tissues per month <input type="checkbox"/> Family poster	<b><u>Keesgi Room (1-Year-Olds)</u></b> <input type="checkbox"/> 2 complete changes of clothes (including socks) <input type="checkbox"/> Child size toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Blanket for nap time <input type="checkbox"/> Mat cover (custom made cover or crib sheet) <input type="checkbox"/> 1 box of tissues per month <input type="checkbox"/> Family poster
<b><u>Nexjuwa Room (2-Year-Olds)</u></b> <input type="checkbox"/> 2 complete changes of clothes (including underwear and socks) <input type="checkbox"/> Child size toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Blanket for nap time <input type="checkbox"/> Mat cover (custom made cover or crib sheet)  <input type="checkbox"/> 1 box of tissues per month <input type="checkbox"/> Family poster	<b><u>Kamcin Room (3-Year-Olds)</u></b> <input type="checkbox"/> 2 complete changes of clothes (including underwear and socks) <input type="checkbox"/> Child size toothbrush <input type="checkbox"/> Toothpaste <input type="checkbox"/> Blanket for nap time <input type="checkbox"/> Mat cover (custom made cover or crib sheet) <input type="checkbox"/> 1 box of wipes per month <input type="checkbox"/> 1 box of tissues per month <input type="checkbox"/> Family poster
<b><u>Coota Room (Pre-K)</u></b> <input type="checkbox"/> 2 complete changes of clothes (including underwear and socks) <input type="checkbox"/> Child size toothbrush (Summer Care) <input type="checkbox"/> Toothpaste (Summer Care) <input type="checkbox"/> Blanket for nap time (Summer Care) <input type="checkbox"/> 4 boxes of tissues per year <input type="checkbox"/> 4 boxes of wipes per year	

**Yaamahana  
Chitimacha Child Development Center  
Weekly Tuition Rates**

<b>Full Day</b>	<b>\$85.00 / Week</b>
<b>Half Day</b>	<b>\$42.50 / Week</b>
<b>3 Days / Week</b>	<b>\$51.00 / Week</b>
<b>2 Days / Week</b>	<b>\$34.00 / Week</b>
<b>After School Care</b>	<b>\$35.00 / Week</b>

- Sibling discount will be \$1.00 per day.
- Yaamahana employee discount will be \$1.00 per day per employee.
- Prices are subject to change depending on availability of funds.